

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	2/9
FORMALITY REVIEW	AF	829	02/24/01
RESPONSE FORMALITY REVIEW	CM	825	5/17/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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12	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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